

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/679,626

Applicant : Kari L. Wilkinson et al

Filed : 10/6/2003

5 Docket No. : JAM656

Customer No. : 30245

**PETITION UNDER 35 USC 117 and  
PRELIMINARY AMENDMENT**

10

Assistant Commissioner for Patents

Mail Stop Missing Parts

15 P.O. Box 1450

Alexandria, VA 22313-1450

Because of the death of co-inventor Kari L. Wilkinson, proof of which is attached,  
she is not able to sign the declaration. As her legal representative for patent matters, I  
20 am filing this document on her behalf. Additionally, her widower, Thomas L. Wilkinson,  
has signed the document as her surviving spouse and heir.

The omitted page 1 is believed to be the title sheet of the application. If this is the case, no critical portion of the filing documents were omitted, and it is requested that the application retain the 10/6/2003 filing date. It is further requested that the specification be amended by renumbering the pages. A clean copy of the amended application is included in this mailing.

Respectfully submitted,



Anthony Edw. J Campbell  
Reg. No. 39,619  
Attorney for Applicant

Date: August 3, 2004

**Certificate of Mailing**

I hereby certify that this correspondence is being sent by first-class mail to the United States Patent and Trademark Office on the date shown below.

Anthony Edw. J Campbell



Tuesday, August 03, 2004

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST MIDDLE LAST <b>Kari Louise Wilkinson</b>			2. SEX <b>Female</b>	
3. DATE OF DEATH (Month, Day, Year) <b>December 23, 2003</b>		4. SOCIAL SECURITY NUMBER <b>592-01-7856</b>		5a. AGE-Last Birthday (years) <b>39</b>
6. DATE OF BIRTH (Month, Day, Year) <b>November 21, 1964</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Danville, New Jersey</b>		5b. UNDER 1 YEAR Months Days <b>39</b>
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home <input checked="" type="checkbox"/> Residence Other (Specify) <b>378 Whitfield Ave.</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		9b. INSIDE CITY LIMITS? (Yes or No) <b>No</b>
9c. FACILITY NAME (If not institution, give street and number) <b>378 Whitfield Ave.</b>		9d. CITY, TOWN, OR LOCATION OF DEATH <b>Sarasota</b>		9e. COUNTY OF DEATH <b>Manatee</b>
10a. DECEDENT'S USUAL OCCUPATION <b>Registered Nurse</b>	10b. KIND OF BUSINESS/INDUSTRY <b>Hospital</b>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	12. SURVIVING SPOUSE (If wife, give maiden name) <b>Thomas L. Wilkinson, II</b>	
13a. RESIDENCE - STATE <b>Florida</b>	13b. COUNTY <b>Manatee</b>	13c. CITY, TOWN, OR LOCATION <b>Sarasota</b>	13d. STREET AND NUMBER <b>378 Whitfield Ave.</b>	
13e. INSIDE CITY LIMITS? (Yes or No) <b>No</b>	13f. ZIP CODE <b>34243</b>	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Specify:</b>	15. RACE - American Indian, Black, White, etc. Specify. <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5+) (0-12) <b>3</b>
17. FATHER'S NAME (First, Middle, Last) <b>Dale Benner</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Elaine Larsen</b>		
19a. INFORMANT'S NAME (Type/Print) <b>Thomas L. Wilkinson, II</b>		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>378 Whitfield Ave. Sarasota, Florida 34243</b>		
20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <b>The Good Earth Crematory</b>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Bradenton, Florida</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. LICENSE NUMBER (of Licensee) <b>KA-466</b>	21c. NAME AND ADDRESS OF FACILITY <b>The Good Earth Crematory 501 17th Ave. W. Bradenton, Florida 34205</b>	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)		
22b. DATE SIGNED (Mo., Day, Yr) <b>December 31, 2003</b>		22c. HOUR OF DEATH <b>2:00 AM-11:00 A.M.</b>		23b. DATE SIGNED (Mo., Day, Yr) <b>December 30, 2003</b>
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Laura S. Hair, M.D., A.M.E., 1762 Hawthorne Street, Suite 5, Sarasota, FL 34239</b>		23c. MEDICAL EXAMINER'S CASE # <b>03.12.00807</b>		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>Laura S. Hair, M.D., A.M.E., 1762 Hawthorne Street, Suite 5, Sarasota, FL 34239</b>				
25a. SUBREGISTRAR - SIGNATURE AND DATE 		25b. LOCAL REGISTRAR - SIGNATURE 		25c. DATE REGISTERED <b>December 31, 2003</b>

December 31, 2003

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY  
Deputy Registrar

Manatee County Health Department

State Registrar

**WARNING:**

15032808

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564 (10-98)

FLORIDA DEPARTMENT OF  
**HEALTH**